

City of Coral Gables Development Services Department

CHANGE OF CONTRACTOR, ARCHITECT OR ENGINEER FORM

As the legal owner of property located at:	
I request a change of Architect, Contractor or Engineer f	for permit #:
issued to (name of previous Architect, Contractor or Eng	gineer)
with a mailing address of:	
on datefor the proposed work	
Status of permit: Active Expired	
I no longer authorize the previous Architect, Contractor I hereby as owner-builder, or authorized new Architect, to apply for such permits or complete the construction of	or Engineer to proceed with the work covered by the plans/permit. Contractor or Engineer
Note: for change of Architect and/or Engineer attach a re Form.	elease letter from the previous Architect or Engineer to this
If permit is issued and active:	
cancellation of the existing permit and/or the issuance of correction, if required, of work performed under the per	cost or expense (including attorney's fee) resulting from the f a new permit. I furthermore assume responsibility for the mit for which I am requesting cancellation. In the event there wowner assumes the responsibility for notifying the previous Prime Contractor (if change of Sub-Contractor or change of qualifier)
Signature:	Signature:
Print name:	Print name:
STATE OF FLORIDA) ss COUNTY OF MIAMI-DADE)	STATE OF FLORIDA) ss COUNTY OF MIAMI-DADE)
sworn to or affirmed and subscribed before me	sworn to or affirmed and subscribed before me
thisday of, in the year 20 by who has taken an oath and is personally known to me or has produced as identification.	thisday of, in the year 20 by who has taken an oath and is personally known to me or has produced as identification.
My Commission Expires:	My Commission Expires:
Notary Public	Notary Public



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CHANGE OF CONTRACTOR WAIVER OF 10-DAY NOTIFICATION PERIOD

Date Re: Property located at (address and legal description)	
To Whom It May Concern:	
We the undersigned contractor/subcontractors have been properly	notified of the change of contractor and agree to the
change on Permit Number	
on (date) We are aware that we can	
Contractor Number	
Qualifier Signature:	
Qualifier Printed Name:	
STATE OF FLORIDA) ss COUNTY OF MIAMI-DADE)	
Sworn to or affirmed and subscribed before me this day of, in the year 20 by who has taken an oath and is personally known to me or has produced as identification.	
My Commission Expires:	
Notary Public	